Nova Scotia Health

CardioVascular HEALTH NOVA SCOTIA

Bulletin

IMPROVING CARDIOVASCULAR HEALTH OF NOVA SCOTIANS

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Welcome to the Cardiovascular Health Nova Scotia (CVHNS) e-mail bulletin. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province. The Bulletin is published quarterly.

Stakeholder Group Identifies Guiding Principles for Development of Cardiovascular Disease Management Programs

On June 9, 2007 CVHNS hosted a forum to assist in the development of a provincial approach to disease management and secondary/tertiary prevention for cardiac disease and stroke. Invitations were sent to a variety of stakeholders and the meeting was filled to capacity! Participants included senior leadership, clinicians and staff of cardiac and stroke secondary prevention programs from around the province, as well as representatives from Department of Health, Diabetes Care Program of Nova Scotia, the Nova Scotia Renal Program and industry.

CVHNS' scope includes both stroke and cardiac disease and the Department of Health has asked the Program to develop a plan for cardiovascular disease management/secondary prevention services for the province by the end of this fiscal year. This meeting was the first step towards meeting that priority.

The objectives of the forum were:

- To increase familiarity with service delivery models from other provinces.
- To examine planning for service delivery in the context of Nova Scotia's provincial Chronic Disease Management Strategy.
- To foster collaboration in service delivery to address common risk factors.
- To develop guiding principles for the development of a coordinated, integrated, accessible and sustainable approach to disease management and secondary/tertiary prevention for cardiac disease and stroke.

A number of presentations helped to set the stage for discussion.

The following draft principles were developed by participants through small group sessions and are intended to guide District development of cardiovascular disease management/secondary prevention programs, as well as guiding CVHNS' work.

Cardiovascular disease management/secondary prevention programs should:

- Be patient centered with a focus on self management support; not disease-, provider- or system-centered.
- Be integrated and coordinated across diseases with a focus on chronic disease management.
- Recognize the determinants of health and a population-based approach including addressing cultural diversity.
- Be equitable and accessible for all Novas Scotians (geographic, financial and timing).
- Explore innovation and alternative service delivery methods.
- Foster collaboration across the continuum of care and build interdisciplinary models.
- Build on existing infrastructure, programs, services and assets, and recognize disparities.
- Be evidence-based and include best practices with measurable outcomes and the ability to measure cost effectiveness.
- Be sustainable with a long term plan and accountability mechanisms.
- Be developed through a participatory approach and meaningful dialogue with front line providers.
- Be consistent with the provincial chronic disease management strategy.

CVHNS' has been gathering information to assist with planning, including an examination of statistics to determine the population eligible for services and researching models from other jurisdictions and the literature. The outcomes of the meeting will be discussed at the Advisory Council level to determine the best process to engage stakeholders in further development of a plan and next steps. The report of the Forum will be available soon on our website, www.gov.ns.ca/health/cvhns.

- ☑ Guiding principles are a general set of guidelines that set the foundation for how an organization/structure will operate.
- ☑ Guiding principles are more than just a set of statements about values; they also describe the actions the organization/ structure will take based on the values.
- ☑ Guiding principles serve as a basis of reasoning and action, a personal code of conduct that leads, shows the way and directs the movement of an organization/structure.

Learning Opportunities

Upcoming Events

17th Annual Cardiovascular Symposium, September 20-22, 2007, St. John, NB. Contact Judy Melanson: Tel: (506) 648-7708 Fax: (506) 648-7778 melju@reg2.health.nb.ca.

The Canadian Association of Cardiac Rehabilitation (CACR) 17th Annual Meeting and Symposium, October 20–21, 2007, Quebec City, QC. Tel: (204) 488-5854 Fax: (204) 928-7873 www.cacr.ca.

Canadian Cardiovascular Congress (includes the CCS 60th Annual Scientific Meeting), October 20–24, 2007, Quebec City, QC. Tel: (613) 569-3407 Fax: (613) 569-6574 www.ccs.ca

Canadian Diabetes Association Annual Conference, October 24-27, 2007, Vancouver, BC. www.diabetes.ca

Global Perspectives on Chronic Disease: Prevention and Management, October 29-November 1, 2007, Calgary, AB. www.cdmcalgary.ca

American Heart Association Scientific Sessions 2007, November 4–7, 2007, Orlando, Florida. Toll-free: 1-800-242-8721 www.americanheart.org

CVHNS News

Access to Interventions and Diagnostics
This working group has reviewed the report, *It's About Time,* from the National Wait List Alliance to learn more about achieving benchmarks and best practices in wait time management. The group has also reviewed the CCS commentaries on access to care for cardiovascular services and procedures.

An access to diagnostics and interventions inventory was conducted in 8 of the 9 DHAs. The IWK and CDHA also provided comparable access information for cardiac and stroke services and procedures. The working group is in the process of reviewing the inventory, comparing the findings to the proposed national benchmarks and developing recommendations for DoH related to access issues for cardiac and stroke diagnostic procedures in Nova Scotia.

Key recommendations will include defining and adopting access benchmarks, monitoring access to cardiovascular and stroke services and procedures and addressing human resource and infrastructure requirements to achieve these benchmarks.

Cardiac Admissions Data: 2006 Data Available Soon
CVHNS is completing data collection and entry for the 2006 calendar year. We have been working on a standard data report to be regularly sent to appropriate individuals in all DHAs. Reports will be sent to all DHAs this Fall, coordinating with the release of the ACS Guidelines.

Update on the Professional Education Partnership

To build capacity for stroke professional development across Nova Scotia, the Heart and Stroke Foundation of Nova Scotia in partnership with CVHNS and the Atlantic Health Promotion Research Centre began the "Improving Stroke Care in Nova Scotia Professional Education Partnership Project" in 2006. Results from focus groups conducted with health professionals from a variety of disciplines across Nova Scotia indicate that professionals are seeking more education on dysphagia assessment and management. In response to this, the Partnership, in collaboration with Nova Scotia Hearing and Speech Centre is planning a workshop in late November on "Dysphagia Screening and Assessment;" this workshop will target speech-language pathologists, dietitians and nurses. The workshop will help to develop and improve health care professionals' knowledge and skills in dysphagia screening and assessment, will promote behavioral changes and implementation of provincial best practice guidelines and will provide opportunities for interdisciplinary team approach, networking and interprofessional development. Stay tuned for more information on this upcoming professional workshop!

Stroke Re-direct/Bypass Protocol

The South West Health Stroke Program has worked with EHS to develop a stroke re-direct/bypass protocol in South West Health (SWH). The protocol was put in place in April 2007. This marks the beginning stage in a province-wide initiative to implement similar EHS protocols in other districts.

The EHS bypass protocol is based on the "reperfusion interval" which is the duration of stroke symptoms plus the anticipated duration of transport to the nearest designated stroke centre (Yarmouth Regional Hospital). The reperfusion interval must be less than or equal to 2.5 hours. If the individual with stroke meets the reperfusion interval he/she would bypass any other hospital and be re-directed to Yarmouth Regional Hospital for care and assessment to determine eligibility to receive a thrombolytic.

A significant percentage of those who suffer a stroke do not access EHS services. SWH has developed a stroke transfer protocol with Digby General Hospital and Roseway Hospital to provide an urgent EHS transfer for those individuals who meet the reperfusion interval. In addition, for those who do not meet the reperfusion interval the SWH Stroke Program is working to have all people with stroke transferred to the designated stroke centre in a reasonable time frame so that they can benefit from the stroke care expertise of the interdisciplinary team.

The EHS Stroke Re-Direct/Bypass Protocol is a good example of providing the right care, at the right time, in the right place. For more information contact Melanie Mooney at mmooney@swndha.nshealth.ca.

Helpful Resources

New AHA/ACC NSTEACS Guidelines
Anderson JL, Adams CD, Antman EM, et al. ACC/AHA 2007 Guidelines for the Management of Patients with Unstable Angina/Non-ST Elevation MI-Executive Summary: A Report of the ACC/AHA Task Force on Practice Guidelines. *Journal of the American College of Cardiology* 2007; 50: 652-736.

American Stroke Association
The American Stroke Association is a division of the American Heart Association that offers a wealth of information for health professionals as well as patients. Visit www.strokeassociation.org.

Exercise Guide
The American Heart Association offers fitness resources such as exercise diaries, videos and scientific statements. Visit www.justmove.org/home.cfm.

New ESC NSTEACS Guidelines
The European Society of Cardiology recently released new guidelines for the diagnosis and treatment of non-ST-segment elevation acute coronary syndrome. Visit www.escardio.org, under the ESC guideline section.

Health Promotion Clearinghouse
The Health Promotion Clearinghouse offers an e-bulletin as well as a website of health promotion activities in Nova Scotia. Visit www.hpclearinghouse.ca or contact hpc@dal.ca.

Health Related Education Materials
There is a new supplier of health-related education materials (posters, charts, teaching models, videos and pamphlets) on cardiovascular disease, nutrition, diabetes, men's health, women's health, substance abuse and more. Visit www.healthtechcanada.com.

Heart to Heart™ Sessions
This 6-week education program for cardiac patients and their partners is offered through Heart and Stroke Foundation (HSF) in many areas of the province. Visit the HSF Nova Scotia website's *health directory section* for details. Simply click your region of the map to view services in your area. Heart to Heart™ sessions are listed under the *Heart disease and stroke management* section.

AHA Conference Proceedings
The American Heart Association recently published a series of conference proceedings on the "Development of systems of care for ST-Elevation Myocardial Infarction Patients". The executive summary is published in *Circulation* 2007; 116: 217-230. Visit www.circulationaha.org.

AHA Scientific Statement on Resistance Exercise
MA Williams, WL Haskell, PA Ades et al. Resistance Exercise in Individuals with and without Cardiovascular Disease: 2007 update: A scientific Statement from the AHA Council on Clinical Cardiology and the Council of Nutrition, Physical Activity and Metabolism. *Circulation* 2007; 116; 572-584.

Innovative Ideas

South Shore Community Resource List
At a recent meeting of the Cardiovascular Health South Shore group, it was suggested that a list of health programs and resources be compiled for family physicians in the area to use as a quick reference when referring patients to community resources. The Chronic Disease Prevention Coordinator, CVHNS Coordinator and the Cardiac Health and Wellness Manager worked together on this project.

A one page, double-sided resource list was compiled that includes programs, services and resources available in Lunenberg and Queens County for prevention and management of chronic illnesses. Information related to the following topics (including referral information) is covered in the resource: physical activity (key community contacts), healthy eating, mental health, addiction prevention and treatment, cardiovascular health and diabetes care.

The new resource will be distributed to family practice physicians in the Fall. For more information contact Susan Atkinson at atkinsonsm1@cdha.nshealth.ca.

Tool for Improving AMI Outcomes
As part of *Safer Healthcare Now!*, Guysborough Antigonish Strait Health Authority (GASHA) is looking at adopting a tool from Atlantic Health Sciences Corporation (AHSC) in New Brunswick to assist in improving documentation of care of AMI Patients.

The AHSC has developed a documentation tool called a collaborative plan for improved AMI & ACS care. The tool is divided into six sections, each labeled according to the department or health care professional expected to complete it. GASHA is planning to use this tool on all chest pain admissions in an effort to obtain better data on care given to AMI patients.

In order to reflect GASHA's needs, several changes were made to the tool. The cath lab section was deleted and used to capture cardiac risk factors. Also, the nursing section on discharge counseling was relabeled allied health to reflect nutrition and physiotherapy involvement in discharge planning. A section was added for documenting adjunctive anti-thrombotic therapy. Further modifications may be made to this tool once the CVHNS ACS guidelines are released. Currently the tool is being reviewed by a variety of service teams and committees. Once approved, the tool will be implemented in the Fall, as part of the patient's permanent chart. For more information contact Lena MacDonald at lena.macdonald@gasha.nshealth.ca.

If you have a suggestion for an innovative idea happening in your area, please pass it along.

The **American College of Sports Medicine** (ACSM) and the **American Heart Association** (AHA) have updated their recommendations regarding physical activity for healthy adults to improve and maintain health. Here are two highlights:

- Healthy adults who are 18 years or older should perform moderate-intensity aerobic (endurance) physical activity for 30 minutes or more for 5 days per week or vigorous-intensity aerobic physical activity for 20 minutes or more for 3 days per week.
- Differences in the guidelines for older adults (65 years or older) include specific definitions of moderate-and vigorous-intensity exercise based on fitness level and inclusion of flexibility and balance exercises.

Haskell WL, Lee IM, Pate RR, et al. Physical activity and public health. Updated recommendation for adults from the American College of Sports Medicine and the American Heart Association. *Circulation* 2007, 116; (August 6, 2007-published electronically).

Your Questions Answered

Did my patient have a TIA?
The crux of the diagnosis is in localizing the origin of the patient's symptoms; did the patient's symptoms arise from a discrete region of the central nervous system? Syncope, blurred vision, and dizziness are non-localizing and, in isolation, are not likely to be due to transient focal cerebral ischemia.

If a patient has nausea or is on a ventilator post arrest should we be using ASA suppositories?
No. If the patient is suffering from minor nausea, oral ASA should be given. Most times a patient who is ventilated post-arrest should be given ASA through a nasogastric tube.

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